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History of Nursing Colloquium

Glasgow Caledonian University

April 2011

Alice: woman and nurse, nurse and woman.

Janet Hargreaves

A chance encounter with Alice, a retired nurse, led to a rich life history investigation exploring her journey from school girl to tuberculosis nurse in the 1930s; through nursing in Second World War London; to a lengthily successful career as a nurse educationalist in the north of England. Further interviews with retired nurses from the same generation and documentary analysis were also completed. A feature of their histories is the way in which gender weaves a powerful thread. Manners, behaviour, communication, dress and aspirations are all linked to a gendered image of self.

Julia Hallam Identifies nursing image as having popular, professional and personal elements: using this as a framework to critique the life history, this paper will explore the ways in which gender was used and misused by nursing education and practice to form a particular, controlling, feminised nursing identity. It will argue that historically gender is distorted for example in that femininity is to be conveyed without overt sexuality and motherly caring without any apparent emotional engagement. This dislocation of the emotional and sexual self is part of the socialisation of people into nursing identities.

Alice's career started in 1932, as a pre registration tuberculosis nurse, and finished in 1973 as a director of nurse education, managing a large nursing school. For this paper I am going to focus on the period of Alice's career from the 1930s through to the early 1950s including the 10 year period in which she ran a pre training school (see appendix 1 below)

The Popular image

Kalisch and Kalisch (1987) and Hallam (2000) explore the powerful effect of popular culture on the image of nursing. Both texts identify the ways in which novels and films in particular use nurses as main protagonists, and portray nursing differently through their periods of study. The tension between being a 'good' woman and a 'good' nurse alters thought history, from angel, to battleaxe or whore.

Kalisch and Kalisch (1987) suggest that in the 1920s increased sexual freedom and wealth meant that nursing offered a good story line from which a heroine found romance and marriage. Thus the popular image is that nurses are seen as having

exciting opportunities to meet men, possibly of a higher class. Rather than sacrificing this opportunity for the sake of their vocation, the earlier 'angel' image of Christian duty and devotion was thus underplayed during this period. The 'good' woman is now too emotional, too alive, to submit to the overly rigorous and harsh duties of the nurse, so the twin images of good woman and good nurse are no longer sympathetic. Trodd (1998) suggests that spinsterhood and celibacy were seen to be dysfunctional, and that marriage was promoted as the only normal, healthy way for women to have a fulfilled life.

Hallam (2000) suggests that there was a shift away from this romantic image as the 1930s drew on. In the face of a further war there was a need to reinforce, or perhaps re-establish a situation in which women are prepared to sacrifice their own needs. Thus the heroine who might in the 20s have given up nursing for a wealthy husband is now more likely to give up romance for duty – to be poor but happy. In addition to novels the release of 'White Angel' in 1936 offered a timely Hollywood version of Florence Nightingale's life, a reminder of the value of female nurses in times of war.

The personal image

The daughter of respectable lower middle class origins, Alice is drawn to nursing as a profession rather than a vocation by career advice at her high school. *'it just clicked with me and I thought - that's what I want to do'*. Unlike many of her contemporaries, who took the opportunities offered in the more relaxed post war National Health Service to marry and work part time, Alice remained single and the focus of her life was her career.

Alice typified the image the nursing profession in England was seeking at that time; respectable and high school educated, without being too well educated (Alice left school to start nursing, thus not completing her matriculation exams). She was young, malleable, and idealistic. Her remembered self image was of a diligent, hard working girl who worked with determination on her career, completing pre registration, state registration, midwifery and sister tutor qualifications in quick succession over a 12 year period that also included full time work through world war two in London. Alice also had a very clear picture of how she looked: Recalled 60 years later, Alice could still recount in great detail her uniform as a pre registration student in the late 1930s:

'Students wore a pretty blue dress with a white apron which crossed over at the back, starched belt and collar *'which nearly cut your head off'* and of course a cap. First years wore a little cap with pleats at the back. From the second year onwards the hospital cap was worn, with a red and blue band on the uniform denoting second year and a red band for third year. Stockings were black, as were shoes, which had to be of a specific design supplied by a shop for the hospital. Towards the end of her training the hospital decided to modernise the uniform. The starched collars were replaced by peter pan ones, sleeves became short and coloured 'lisle' stockings with brown shoes were permitted'.

Newly qualified as a teacher, for 10 years Alice shared responsibility for pre training school education for a large and prestigious teaching hospital in the north of England.

Drawing on Alice's life history, and interviews with other nurses who were training between 1945-1955, their socialisation into nursing included a number of gendered aspects; Personal profile, the importance of uniform and uniformity, behavioural control and the role of the nurses' home. Like Alice they were young and innocent. They came from respectable backgrounds and were already schooled in subtle feminine understandings around make up, manners and dress before embarking on their training. The use of the uniform and the training, and the cloistered existence within the nursing home helped to reinforce these characteristics and minimise any deviation from this conformity.

Alice's role during this 10 year period was to inculcate into her raw recruits a set of values that reflected her belief that nursing was '*not just a job, but a profession*'. Notwithstanding this, and her progressively positive attitude to the small number of male nurses who commenced their training at this time, their womanhood was clearly an integral part of their identity as nurses.

The professional image

Text books of the time reinforce the professional image that Alice and her colleagues aspired to. The opening words of Millicent Ashdown's 'A Complete System of Nursing' state:

The following qualifications are essential to the making of a good nurse:

1. a real love of attending to the sick and helpless
2. a strong constitution
3. an equitable temperament'

(Ashdown: 1934:1)

This illustrates strongly held view of the good nurse as a capable, respectable, vocationally oriented and even tempered woman. The aspect of temperament is explored further in the 1946 probationer's notes for St George's hospital (cited in Rivett 2006):

'... she must be observant and possess a real power of noting all details about her patient. She must be promptly obedient and respect hospital etiquette A nurse's manner to her patient should be dignified, friendly and gentle, but no terms of endearment must be used. She should surround herself with mystery for her patient and never discuss her own private affairs.'

In both cases there is an assumption that the nurse is female and that the role of professionalisation is to draw out and improve the 'good' aspects of the feminine; kindness, caring, obedience to duty, whilst suppressing and controlling elements such as passion and irrationality.

Discourse and power

In exploring the experiences of Alice and the nurses during this period, my focus was on the discourses that emerged from the data. Taken together the popular, professional and personal images led me to the conclusion that they seem to represent a particular view of femininity. The good nurse is perhaps a derivation from discourses around 'woman' and 'middle class', Such that:

- motherly caring must be conveyed but without any apparent emotional engagement
- femininity must be conveyed but without any overt sexuality
- masculine/ military attributes such as discipline, punctuality and emotional distance must be developed without the nurse becoming masculine
- an intimate understanding of the physical self must be conveyed without any apparent acknowledgement of the implications of such knowledge, or its relationship to emotional and sexual self.

Having reviewed the literature, looking at the development of hospital based adult nursing from around the 1850s it seemed that these characteristics typified the philanthropic women described by Brooks (2001) of the late 19th and early 20th century who engaged in Christian work supporting the sick poor and who formed the early ranks of nursing pioneers such as Florence Nightingale (Cecil Woodman – Smith 1950) and Sister Dora (Manton 1971). However they seem strangely dated when applied to 17 and 18 year old grammar school girls in the post Second World War period.

Nurse training must have presented a complex and confusing metamorphosis for them, particularly as the nurses were so young and innocent, having little life experience to draw upon. On the one hand they had to draw on the resources of being female – the apparent innate ability to 'care' and quickly acquire nursing skills, but on the other they knew that if they displayed weakness, became emotionally or sexually involved with their patients or revealed too much of their individuality they would be singled out as unsuitable.

Training as a nurse at the end of the second world war was a period of massive social upheaval, but the training, and the behaviour of the nurses appears to be almost frozen in time. The literature states that a significant feature of discourse is the ways in which it is reinforced at all levels and is not a 'top down' imposition.

Foucault (1980) uses the analogy of capillaries; where the power of the discourse reaches the 'grain' of the person and thus becomes so embedded into their existence as to be indivisible from them. A possible explanation is therefore that once the role 'nurse' is accepted; the self regulation which nursing is so proud of does the rest.

Therefore I would argue that the creation of nursing as a career for women, which may have been seen as emancipatory and reforming in the 1850s, actually becomes the primary method of restriction. In addition the 'panoptic gaze' from Bentham's prison design (discussed in Cheek 2000), which theorises that if people think they are being constantly observed they will act into the expected role even when in fact there is no observer, ensures that when the nurses are unsupervised they self regulate. This phenomenon is further supported by Gore (1985) who through research in schools suggests that power is self regulating within institutions.

In conclusion, despite much change in the intervening years Alice and nurses interviewed talked about themselves and nursing in a way that was remarkably similar to that of nurses 100 years earlier and appeared to be maintained by individual nurses and systematically through education and hospital –based work practices. This discourse had such power that it permanently altered the way the nurses viewed themselves; for example the seamless gap between the absolute power they had over the bodily functions of their patients and their powerlessness to influence treatment, or to engage in any critical discussion of diagnosis. Also the emotional detachment required such that they were not 'tainted' by the proximity to their patients. Still more evidence can be seen in their total identification with the role: not just, as Gamarnikow (1991) suggests female nurses, but nursing as a separate female construct.

The sense that the women interviewed had not 'done nursing' but had 'become nurses' was strongly supported through the data. They identify a clear understanding that their personal attributes were essential to their acceptance into the nursing school and that the system once they entered it acted as a filter and controlling mechanism to ensure that they moulded themselves on a very stylised model not only on and off duty, but also beyond their nursing career into their personal lives and marriages. Their description of themselves, over 50 years after they trained, suggested that their identification as women was permanently altered through the experience of becoming a nurse.

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In addition, this work is based on the thesis:

Janet Hargreaves (2006) *The Good Nurse* Discourse and power in nursing and nurse education 1945 -1955, University of Huddersfield

Publications related to the thesis include:

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Hargreaves, Janet (2009) *Voices from the past: professional discourse and reflective practice*. In: *Beyond Reflective Practice: New Approaches to Professional Lifelong Learning*. Routledge. ISBN 9780415467933

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Alice Life Story:

This life story is constructed from interview transcript data collected over a period of several sessions, and was moderated and agreed by Alice, who preferred that the text was written using her own name.

Janet Hargreaves

Life in Walthamstow

Alice was born in Walthamstow, London, in the autumn of 1915, the second daughter of an Engineer, working for London Transport. Tragically, her mother died from puerperal sepsis following the birth of her sister, when Alice was 6 and her older sister 8, and for a time the family were separated. The new baby was cared for by the Paternal Grandparents and her father, unusually for that day, remained as a single parent juggling his job and the care for the two young sisters. Happily four years later he married again, the family were reunited and her final sibling, a boy, was born, who is 10 years younger than Alice.

Alice completed her Cambridge School Certificate at North Central Girls School which included, as well as the standards subjects, Geography, French, Botany and Bookkeeping. As she was capable of carrying on, she continued to study her 'highers' at the Girls High School, with the expectation of a good job - perhaps being able to go to college and train to teach. However, in 1932, Britain was in the throws of the depression. Colleges were shutting, and places were limited. Her forward looking school invited a careers advisor to speak to the girls and she suggested nursing as a good profession. Alice was inspired by this suggestion *'it just clicked with me and I thought - that's what I want to do'* she returned home to tell her father that she intended to nurse. To his credit he supported Alice. She remembers fondly his response of *'well my girl you do as you like, but you make your own bed and lie on it'*, in the light of the many beds she has made in the 5 decades of her career. In the summer of 1932 at *'17 and 10 months'*, Alice left high school a year early and hoped to start nursing training.

Tuberculosis (TB) Nursing

The age threshold for State Registered Nursing (SRN) training at that time was 18, but 17 year old Alice was eager to get started so she commenced her career by undertaking the pre-registration British Tuberculosis Certificate. She was accepted for a place at the TB sanatorium in Black Knotley near Baintree in Essex. On her first day Alice travelled by train to Cressing station, and walked the 1 ½ miles to the sanatorium. She arrived in time to be given tea, a uniform and to commence work on the wards, assisting with the evening nursing duties.

Although TB by this time was beginning to be understood, the pasteurisation of milk was not compulsory and, prior to the development of antibiotics, there was no cure.

TB was at epidemic proportions¹. Treatments consisted of fresh air, good food, good nursing and surgical interventions. The sanatorium took both adults and children and catered for surgical as well as pulmonary TB. Treatments included the removal of TB glands from the neck, draining of TB hip abscesses and Pneumothorax - a surgically induced deflation of the lung in order to 'rest' the affected area. All patients tended to stay for many months and children with TB hips or spine might be in for 12 -18 months, so a classroom was provided. The ward layout was typical of the time *'the wards were open, the patients were all in cubicles with doors that shut and you walked down a sort of outdoor corridor, which was just covered over'*. Alice remembers a lovely nurse's home, but the work was potentially dangerous. There was no BCG inoculation available at the time, and the nurses were not even X-rayed. There were stringent cross infection measures, Alice remembers that all patients had a 'sputum pot' with a sealed lid - these were then placed in a special sterilisers unopened and not handled until after sterilisation. Also the nurses were very well cared for and the open air treatment of the day reduced the risk, however at least one of the nurses contracted TB and became a patient.

Alice enjoyed her spell at Black Knotley. The physical condition of the patients, and the necessity for such long stays in hospital meant that good nursing care and good nutrition were essential; this made it an excellent place to learn nursing. However Alice felt she was *'getting on a bit - nearly 19'* and it was time for her to start her SRN training. The deputy matron had trained at Bart's² and secured Alice an interview with the Matron there. The interview however was rather frosty and not related to Alice's nursing skills, or dedication to the job. The major teaching hospitals in London had an international reputation and were as interested in the social standing of their students as much as anything else.

'She said could my father give me an allowance? So I said well - he had four children - and he just couldn't. So she said what does he work at? And I said he is an engineer for London Passenger Transport. She was not happy with that; you see he ought to have been a Bishop, or a Headmaster or something of that sort'

She also said that she liked 'her girls' to have money so they could take advantage of being in London. But Alice had lived all her young life in the City, visiting art galleries, going to plays and Sadler's Wells, so she had no need to see the sights. Another colleague recommended the Royal Sussex in Brighton, where Alice was accepted. In retrospect, she has no regrets over this change of plan.

SRN Training at the Royal Sussex

The Royal Sussex was a beautiful place to train. *'The hospital was so nice, we had a lovely nurses home, we could look out over the sea, and we could walk out of the back door onto the downs'*. In addition to the location Alice remembers the nursing care to be of a very high standard and that the sisters were excellent teachers.

¹ Although quite a bit was known by the 1930s about the causes and spread of TB, the antibiotic cures were not identified until 1950 (Fanu 1999)

² St Bartholomew's : one of the elite London teaching hospitals

Student uniforms were provided, apart from the cloak shoes and stockings which she purchased herself. Students wore a pretty blue dress with a white apron which crossed over at the back, starched belt and collar 'which *nearly cut your head off*' and of course a cap. First years wore a little cap with pleats at the back. From the second year onwards the hospital cap was worn, with a red and blue band on the uniform denoting second year and a red band for third year. Stockings were black, as were shoes, which had to be of a specific design supplied by a shop for the hospital. Towards the end of her training the hospital decided to modernise the uniform. The starched collars were replaced by peter pan ones, sleeves became short and coloured 'lisle' stockings with brown shoes were permitted.

The training for SRN was three years and the Royal Sussex asked for students to remain 6 months as staff nurses after this. Alice commenced in 1936, and thus registered in 1939. At that time there was no Preliminary Training School (PTS). On arrival new students commenced directly on ward work and were required to attend lectures regularly through the week - usually three lectures per week, plus work set by the sister tutor - regardless of if they fell during on or off duty periods. The sister tutor taught '*the basics*' but most learning was given by the ward sister. Theoretical underpinning would occur at the bedside and a staff nurse might accompany students to theatre to explain the procedures. Alice remembers the standard hours at the time as 56 per week. Day shifts were 7.30 -9.00, with a break during the day with one day off per week on days, and 2 per fortnight on nights. '*Those were the days when work was work!*'³

She was clearly an exemplary student and was awarded the gold medal for her year, the prize for gaining the highest marks in the final examinations. There was a formal prize giving ceremony where the Duke of Norfolk attended and gave out the prizes. On qualification she worked on night duty in a post affectionately known as the 'night ass' (i.e. assistant to the night sister). This involved patrolling the hospital and reporting to the night sister, helping out, particularly in the busy morning period, in the areas most in need.

England was by now at war, and the Royal Sussex, like all hospitals, were prepared and bracing themselves for casualties⁴. The first war wounded Alice remembers were two airmen who came down on the Downs. However the real shock came with Dunkirk.

^{1 3}The literature (Dingwall et al 1988, Abel Smith 1960) suggests that the hours on duty were changing during this period. A 96 hour fortnight was common, which makes 56 hours per week seem excessive, but this may well have been true for the Royal Sussex.

^{2 4}Following poor organisation in the 1914 -18 war the health services and the Government were determined to be prepared. England had been split into a number of areas, each managed by a medical committee. Numbers of nurses in training had been increased and a force of volunteers was offered a short training. Many experienced nurses had joined the armed forces and been posted abroad. These preparations had been started in the summer of 1939, but it was not really until the Dunkirk evacuation and the Blitz that they were tested. (McManus 1956)

'They dropped the worst casualties on the south coast. I was the 'night ass' at the time and I remember going up the stairs and Matron was in her grey and red Territorial Army uniform - - - she pulled up and said 'nurse B-, don't go to bed, the men from Dunkirk are coming in' They were in such a state it was awful - -I was sent to theatre but they were doing operations on the ward, wherever they could find a space. Quite a few died and quite a few lost limbs. Its always there, you don't forget it. But the thing was they were so brave and so pleased to be in a clean bed and clean cloths, they must have wondered if they would ever get home'

Despite all the preparation for casualties the reality of maggot filled wounds was a sobering reminder of the war.⁵

Despite the offer of a post in casualty at the Royal Sussex and the danger of the Blitz, Alice was keen start midwifery and to return to London and her family. At the time (and until very recently) a midwifery qualification was considered to be needed for an all round training and Alice was accepted for this at the Middlesex.

Midwifery at the Middlesex

Midwifery training consisted of two parts, a short 6 month course (part 1) or a full year. Alice chose to complete the full course. In addition the Middlesex was still operating a two tier system of fee and non fee paying students. If you could pay a fee, you had a salary of £36 per annum and were free to leave at the end of your training. If not, the salary was the same, but you were contracted to continue for a further 6 months as a qualified midwife on the same salary scale. Uniform books and bicycle - an essential component of the community care- were not provided.

Lectures were provided on the job by the tutor. The training was split between 3 areas of practice: the Middlesex itself, a city centre Voluntary Hospital; a council built and run small maternity hospital in Walthamstow (and thus back home for Alice); and a period living with the district midwifery team in their house. This involved cycling with hooded lights through the blacked out London streets to offer midwifery care to families. Alice had two tutors, who supervised the deliveries she performed, a lot of supervision was given and this was of high quality. One of her supervisors went on to be head of the Midwives Board.

This period was affected greatly by the war. At the Middlesex the patients had to be carried, with the aid of the boy scouts, down from the 5th floor each night to the basement, as the bombing was so severe. The senior Paediatrician made the cocoa, and everyone was issued with a mattress, blanket and pillow. These were none too thick and Alice and a friend teamed up to share mattresses and blankets to keep warm. The worst part for Alice was that when the fires were bad water was so severely rationed that they could not bathe the babies.

³These clearly remain vivid memories - expressions '*crawling with maggots - in a terrible state - -such a shock*' come up in each visit and Alice's body language and voice change.

One wing of the hospital was bombed so that it could only be reached by walking across planks. They also had to abandon the beautiful panelled dining room - part of the luxurious nursing home donated to the hospital - to take their meals in the less picturesque but safer basement.

The Royal Waterloo and Battersea Polytechnic

By now Alice had decided that she would like to teach nursing. Full time tutors courses had been stopped due to the acute staff shortages caused by the war '*every one had to be hands on*'. There was a three year part time programme offered at Battersea Polytechnic, which required attendance 2-3 afternoons/ evenings per week. This however was not possible on day duty, as shift patterns were not that flexible, and time off could not be guaranteed. Alice saw an advert for a night Sister at the Royal Waterloo and took the post when offered - this gave her the opportunity to study - getting up early from sleep to travel by tram from St Thomas's to Battersea and then coming straight on night duty. The areas taught on the tutors course included elementary psychology, history of nursing to 1919 (i.e. the formation of the GNC), nursing ethics, elementary science and hygiene.

By 1946 Alice had completed her tutor's course and was looking for a teaching post. The Matron at the Royal Waterloo, who had trained further north in Liverpool, saw an advert for a post in another northern city, and encouraged Alice to apply, as she knew that it was a very important hospital and had heard of the good reputation of the School of Nursing there. Alice got the job, one of her new colleagues, 'M', from this point became Alice's lifelong colleague and friend.

The Move North

Alice and M were assigned the running of the Pre Training School for SRN students. This was an important part of the nurses training and at the time consisted of a 3 month period, in which students, from the relative safety of the training school, would gain knowledge and experience of all aspects of basic adult nursing. An examination at the end of the period ensured that all students going forward to continue their training were ready and prepared. The Nurses home was not really big enough to accommodate the Pre Training School, so when a large Hall was released from its war time duties as a women's hospital, it was made available for the Pre Training School and nurses home.

The Hall is typical in many ways of the accommodation used at the time. A beautiful old house set in its own grounds and, with an extension, enough space for teaching and sleeping accommodation for the students during their first 3 month period. Alice and M had a cottage in the grounds, Alice stayed for 10 years until 1956.

Students arrived at the Pre Training School '*wet behind the ears*' and were introduced to nursing life. The uniform was worn throughout the period, a chance to get used to it and learn to accurately fold the hospital cap, which had to be '*exactly 11 inches across at the top*'. Classes included nursing skills such as bandaging, washing and bed making - these could be practised in the school, but also a bus took groups of students to the hospital where Alice and M were able to teach

bedside care in a real setting. Anatomy, physiology and elementary science were taught, as was invalid cookery (much to Alice's horror, as cookery was not her strong point) and public health. In addition to practical classes role play was used to help students understand their patients and their own feelings, and to improve their communication skills.

Whilst the syllabus set down the areas to be taught the methods of teaching allowed for a degree of leeway. Alice and M played to each others strengths - Alice was better at drawing so did the illustrations for anatomy and physiology. M was the better cook and coached Alice through the invalid cookery demonstrations.

Although there were already some male nurses working in adult nursing, this period saw the first intake of male student nurses at this nursing school. Most were more mature than the 18 year old female entrants and had come from jobs as medical assistants in the army and navy.⁶

In the first three years Alice continued to study part time in order to add to her tutor's course and complete the London Diploma. There were only two diploma courses in nursing at the time Leeds University (which M had completed) and the London Diploma, which could be taken by distance learning. Alice remembers getting up at 5 am to study prior to work. A hard time, but worth it to gain her Diploma in 1949.

Alice and M felt isolated out at the Hall, as they were a distance from the hospital and main nurse's school, so they were encouraged to gain some wider experience Alice decided to apply for a Red Cross Scholarship, which gave her the opportunity to study for one year at Teachers College in New York.

Teachers College

Teachers College was then a prestigious Teaching College, Indeed the only one offering this level of education to nurses in the world, thus it attracted an international cohort of students. Alice left England by boat on August 27th 1954 and arrived at New York on 4th September. She stayed at International House, in midtown Manhattan, overlooking the Hudson River. This residence was provided for foreign students, there were 500 of them from over 60 countries. A lively social life was organised at the house, a highlight being Sunday suppers, where a visiting speaker was invited. These included such people as Mr. David Rockefeller, Mr. Van Kleffens (President of the United Nations assembly) and Monsieur Auriol (former president of France). *'Colour race and creed seemed to be insignificant factors. Students made friends from all corners of the world.'*⁷

⁶ These were the only students at the time in her nursing school who were not young white females; Alice has no memory of any black or commonwealth students at this time which may be more typical of voluntary hospital nursing schools, than across the whole training spectrum.

⁷ When I read the narrative Alice was surprised by this detail, not having reread her own report from some years - thus much of this section is not part of Alice's current memory

The course at Teacher's College consisted of an intense full time year of taught modules from a broad and varied curriculum including English, Education studies and Nursing. In addition there were numerous visits to hospitals and nursing schools in the area. Although some of the areas were familiar to Alice, some were still new to Nursing Education in England. For example more progressive adult education theory, the concept of the learning nurse as a student, rather than apprentice and the beginnings of the American nursing theorists concept of holistic nursing care. All students were expected to read widely during their year, to share and value their diversity and to engage in international debate about nursing issues.

Sadly, her father's deteriorating health meant that Alice returned to England without the opportunity to complete the summer school at Teachers. Had she completed the final module, she would have returned with a BSc in Nursing, a qualification unavailable at that time in the UK. Alice did however have enough time to travel 7,000 miles by bus with a fellow international student, crossing North America. She sailed for England from Montreal on 4th July 1955, arriving on the 10th.

On return to England Alice began to think about her career again. A post as Principal Tutor at another hospital was advertised, and she applied. She had some doubts about being appointed as the other short listed candidate was trained there, but she got the job, and remained as Principal until her retirement in 1973

This was a very different hospital; although it did not come historically from a voluntary hospital tradition it had an excellent reputation, and gained its Royal University Charter in 1963. Alice remembers it as a very efficient hospital, due to the good relationships and co-operation amongst senior nursing, medical and administrative staff and the strong liaison between hospital and nursing school.

Principal Tutor

Principal Tutor was a senior nursing post, the highest academic post for nurses and carrying a salary, at about £3,000, slightly greater than the hospital matron. During her time there Alice commissioned the new nursing school, a purpose built new block, which was equipped to the highest standard, including modern audio-visual and teaching equipment. She was also involved in setting up the first nursing Degree in the City, in conjunction with the local Technical College (later to become the local Polytechnic). This was highly commended by the GNC, who saw it as a truly nursing degree, rather than a social science.

In addition to the management role, Alice was still closely involved with teaching. Although she had a much wider remit than previously, she kept an 'open door' policy with her student nurses. Most Consultants were actively involved in teaching their discipline, and a case history approach was used to integrate aspects of care.

Alice was an active Royal College member, and there was a thriving branch in the north. For a time Alice was Chairman; she served a '*5 year stint*' on the national tutor committee. She was also a GNC examiner, in both jobs. This involved marking exam papers and taking practical exams locally and also taking practical exams externally for Northern Ireland.

As a RCN member Alice attended the International Congress of Nurses (ICN) in Frankfurt [Alice cannot remember the year for this] she and a group of other nurses commissioned a bus at the end and travelled through Europe. Also she and M made a new friend - Bridie, who was matron of a large Mental Hospital in Ireland, and who they visited for holidays for many years.

Retirement

M retired a few years before Alice and then together they sold their property in the city and moved to a smaller town nearby. They holidayed in America, at the invitation of a New Jersey Professor who they had met, but in the main were happy to visit and entertain their many relatives, and to holiday in the Lake District. M's health has deteriorated during the last 10 years, and during the compilation of this history she has had to move into a local residential home. Alice hopes to sell the bungalow and join her in the near future.

Post Script:

Alice did sell the bungalow and join M. Sadly Alice died before this thesis was completed. A version of this history, drafted to be more personal has been shared with her family and friends.